REPORT

of the

PROVINCIAL MEDICAL BOARD

of

NOVA SCOTIA

DECEMBER 31, 1991

93-01055/

REPORT

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NOVA SCOTIA

DECEMBER 31, 1991

PROVINCIAL MEDICAL BOARD OF NOVA SCOTIA
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Provincial Medical Board of Nova Scotia

DECEMBER 31, 1991

MEMBERS APPOINTED BY THE GOVERNMENT

DR. FREDERICK J. BARTON
Dartmouth, N.S.

DR. JUDITH C. KAZIMIRSKI
Windsor, N.S.

DR. JOHN D.A. HENSHAW
Berwick, N.S.

DR. PHILIP B. JARDINE
Musquodoboit Harbour, N.S.

DR. ROBERT D. MULLAN
Kentville, N.S.

MR. MICHAEL MACKENZIE, LL.B.
Windsor, N.S.

MRS. JOANNE THOMPSON
Halifax, N.S.

DR. JOSEPH A. ROACH
New Waterford, N.S.

DR. ROLAND D. SAXON
Antigonish, N.S.

MEMBERS APPOINTED BY THE MEDICAL SOCIETY OF NOVA SCOTIA

DR. WILLIAM C. ACKER
Halifax, N.S.

DR. ALLEN J. BISHOP
Kentville, N.S.

DR. CARL C. GIFFIN
Truro, N.S.

DR. FRANCES A.C. GALVON
New Glasgow, N.S.

FATHER D.F. CAMPBELL
Sydney, N.S.

MRS. R. ISOBEL HATFIELD
Yarmouth, N.S.

DR. WILLIAM H. LENCO
Liverpool, N.S.

DR. WILLIAM STEVENSON
Westville, N.S.

MEMBER APPOINTED BY DALHOUSIE UNIVERSITY

DR. ROBERT N. ANDERSON
Halifax, N.S.

PROVINCIAL MEDICAL BOARD OF NOVA SCOTIA
OFFICERS AND STANDING COMMITTEES FOR 1992

President – Dr. C.C. Giffin
Vice-President – Dr. W.R. Stevenson
Registrar/Secretary/Treasurer – Dr. B.J. Steele

EXECUTIVE COMMITTEE
Dr. C.C. Giffin (Chairman)
Father D. F. Campbell
Mrs. R.I. Hatfield
Dr. P.B. Jardine
Dr. W.R. Stevenson

DISCIPLINE COMMITTEE (A)
Dr. A.J. Bishop (Chairman)
Dr. W.C. Acker
Dr. J.D.A. Henshaw
Dr. J.A. Roach
Mrs. J. Thompson

DISCIPLINE COMMITTEE (B)
Dr. C.C. Giffin (Chairman)
Dr. F. Galvon
Dr. W.H. Lenco
Mr. R.M. MacKenzie
Dr. W.R. Stevenson

LEGISLATION COMMITTEE
Dr. C.C. Giffin (Chairman)
Dr. F.J. Barton
Dr. P.B. Jardine
Dr. W.H. Lenco
Mr. R.M. MacKenzie

COMPLAINTS COMMITTEE
Mrs. R.I. Hatfield (Chairperson)
Dr. R.D. Mullan
Dr. R.D. Saxon

EDUCATION COMMITTEE
Dr. A.J. Bishop (Chairman)
Dr. R.N. Anderson
Dr. J. Kazimirski

NOMINATING COMMITTEE
Dr. P.B. Jardine
Mrs. J. Thompson

CREDENTIALS COMMITTEE
Dr. C.C. Giffin (Chairman)
Dr. W.C. Acker
Dr. R. N. Anderson
Dr. A.J. Bishop

ARCHIVES
Dr. W.F. Mason
Dr. B.J. Steele

AUDITOR
Doane Raymond

SOLICITOR
Mr. R.A. Cluney, Q.C.

REPRESENTATIVES TO THE FEDERATION OF MEDICAL LICENSING AUTHORITIES (CANADA)
Dr. C.C. Giffin
Dr. B.J. Steele

REPRESENTATIVES TO THE MEDICAL COUNCIL OF CANADA
Dr. W.R. Stevenson
Dr. B.J. Steele

FINANCE COMMITTEE
Dr. C.C. Giffin (Chairman)
Dr. F.J. Barton
Dr. W.H. Lenco
Dr. R.D. Saxon
Dr. W.C. Acker

REPRESENTATIVE TO THE MEDICAL NURSING LIAISON (JOINT) COMMITTEE
Dr. J. Kazimirski

President's Report

C.C. GIFFIN, M.D.

The year 1991 was again a busy year for the Provincial Medical Board. I have just completed my first year in the office of President and found the work of the Board to be challenging.

During the past year a number of meetings have been held with representatives from the licensing authorities of the other Atlantic provinces, as well as representatives from the Provincial Medical Associations, to inaugurate a Peer Review process. A high degree of cooperation has been present at these meetings and it is expected that the process will be in operation in the latter part of 1992.

The Provincial Medical Board has agreed, in principle, that we should work towards having a common medical act with the other Maritime Provinces. The Provincial Governments of the Maritime Provinces have had a number of meetings in which they have expressed their intent to reduce the barriers to trade and licensing within their jurisdictions. Prior to the representation from the Premier, the Provincial Medical Board had already indicated its' intent to proceed toward integration with the other Maritime Provinces in regard to licensing requirements and other functions of the Board.

The Medical Council of Canada has instituted a two part examination for the licensure of the Medical Council of Canada. For this reason, it was determined by the Board that the graduates of 1992 will be eligible for temporary registration upon completion of Part I of the new Medical Council of Canada Examination. When success has been achieved on Part II of the examination, candidates will be eligible for full registration.

Problems associated with establishing sufficient training positions have caused a delay in the institution of the Two Year Post MD Training Requirement, which has been agreed will be the norm for Canada. It is expected that the funding for these additional physicians will be available so that the Class of 1993 will have sufficient options to pursue their postgraduate training.

We are in the final stages of completing the renovations and additions to the property purchased by the Provincial Medical Board on Morris

Street. It is expected that occupancy will take place early in the Spring of 1992.

The Prescription Monitoring Program became operational late in 1991 and progress to date has been satisfactory. It is expected that this program will go a long way to solving problems that have been present with the prescribing and distribution of narcotics, as well as, some other medications.

The increasing work load at the Provincial Medical Board has created an escalation in the cost of operation of the Board and, with the increasing numbers and complexity of complaints, continued additional expenditures are anticipated.

It has been a privilege for me to serve as President of the Provincial Medical Board during the year 1991. The dedication and commitment of the other members of the Board is always a source of comfort to me as President.

I wish to thank the Registrar and the hard working members of the office staff for their cooperation during the year.

All of which is respectfully submitted.

Report of the Registrar/Secretary

B.J. STEELE, M.D., FRCSC

In 1991 there were five (5) meetings of the Provincial Medical Board. In addition, two (2) telephone conferences of the Board were held.

MEETINGS:

Executive Committee	4
Legislation Committee	5
Finance Committee	6
Discipline Committee	5
Sub-Committee on Discipline (A)	5
Sub-Committee on Discipline (B)	5
Credentials Committee	5
Education Committee	4
Complaints Committee	5

An Annual Meeting of the Provincial Medical Board which was opened to the public was held in February, 1991. As in previous years, public attendance was quite sparse but it is the intention of the Board to continue to hold an annual public meeting.

In the latter part of 1991, the Prescription Monitoring Program began. A pilot project was carried out in the Liverpool area and this was completed without too many complications and the program for the entire province was to be in full force on January 1, 1992.

This program was instituted with full cooperation of the other professions involved including Pharmacy and Dentistry as well as the Department of Health and Medical Society. It is expected that this program will be very important in addressing the many problems associated with inappropriate distribution and usage of drugs.

During the past year continued progress has been made on the renovations and addition to our property on Morris Street. It is hoped that we will be able to occupy the new premises in the early part of 1992.

During the year, a number of meetings occurred between representatives of the Licensing Authorities and Medical Associations of the Atlantic Provinces in regard to establishing a Peer Review Process. Toward the end of the year, consensus was reached on a plan to institute a Peer Review Process which would be modeled on the Ontario experience. Some regulatory and legislative changes would be necessary in order to implement the program but it is hoped that the program will be able to become operational in the latter part of 1992.

During the past year, the Provincial Medical Board has determined that it is appropriate that the legislative structure should be changed in the province so that we will have a common Medical Act which would be instituted in the Maritime Provinces. This is in keeping with directives issued by the Premier of Nova Scotia as well as the other two Premiers of the Maritime Provinces in regard to lessening the barriers that presently exist in the process of licensing professionals.

The Provincial Medical Board has instructed its legal counsel to initiate the process necessary for the legislative changes required.

The regulations were set in place this year to take into account the restructuring of the Medical Council of Canada Examinations. For members of the graduating class of 1992 who will have successfully passed Part I of the Medical Council of Canada's Qualifying Examination, temporary registrations will be issued. Full registration will be achieved when candidates successfully pass Part II of the Medical Council of Canada Qualifying Examination.

During the year, a number of changes have occurred in the membership of the Board. Dr. V.M. Hayes and Dr. E.V. Rafuse completed their second terms of membership. Both Drs. Hayes and Rafuse contributed in great measure to the activities of the Board during their time as members. The Board is grateful for their efforts which went well beyond the usual expectation. Dr. Douglas Henshaw of Berwick joined the Board in 1991 and with his past experience in the Medical Society of Nova Scotia, he will be a definite asset to the Board.

Representatives from the Provincial Medical Board attended the Annual Meetings of the Federation of Licensing Authorities of Canada as well as the Federation of State Medical Boards of the US during the 1991 year. Also, representation was made to the Annual Meetings of the Canadian Medical Association and the Medical Society of Nova Scotia.

The Federation of Licensing Authorities of Canada conducted an Accreditation Survey of Dalhousie University in 1991. This accredidation

process occurs every five (5) years. The report was reviewed by the Board and an overall approval was given for the Dalhousie Internship Program. The Survey Committee noted some areas which need some remedial attention and these areas will be monitored by the Provincial Medical Board at the end of twelve (12) months to ensure that progress has been made in correcting the observed deficiencies.

The Provincial Medical Board has agreed to act as the agent for the Regional Credentialling Program. The question of regional credentialling was discussed with representatives of government and a number of institutions in the province in the latter part of 1991. It is expected that the services of this Committee, under the auspices of the Provincial Medical Board, will be made available to any hospital in the province who wishes to avail itself of the service proposed. A number of smaller hospitals in the province have indicated to the Provincial Medical Board in the past few years that they would appreciate receiving help in assessing credentials of physicians who join their staffs.

A number of meetings have been held with representatives of the Drug Dependency Commission and representatives from other disciplines to establish a program for education of physicians in narcotic prescribing. It is expected that definite plans for this program will be achieved in 1992. Some interest has been expressed from other licensing jurisdictions in the Maritimes in regard to this program.

Dr. George C. Jollymore was appointed Deputy Registrar of the Provincial Medical Board of Nova Scotia in 1991. Dr. Jollymore is employed on a half time basis and has assumed the responsibility for the operation of the Prescription Monitoring Program.

A Task Force of members of the Provincial Medical Board was established in 1991 to review the College of Physicians & Surgeons of Ontario report on Sexual Abuse of patients. This Committee is continuing in its work and will be making further reports to the Provincial Medical Board in 1992. A preliminary statement in the form of a Press Release was issued by this Committee in mid, 1991.

ANNUAL GRANTS

Dalhousie University – Division of Continuing Medical Education $15,000

Joint Committee on Medical Archives $5,300

MacDougall Memorial Library – Dalhousie University $500

STATISTICS

Obituary - 17 physicians who were registered in Nova Scotia died during the 1991 year - 16 of whom were resident of Nova Scotia.

Full or General Registration - In 1991 a total of 172 new physicians were granted full registration, 121 for practice in Nova Scotia. 1898 physicians are now on the Resident List of the Medical Register of Nova Scotia

Temporary Registration — Total 345
Postgraduate Training — Residents —150
Postgraduate Training — Internes — 111
Public Service of Nova Scotia — 9
Private Practice — Section 15 (3) — 35
Family Medicine — Section 15 (3) — 19
Clinical/Research Fellows — 7
Clinical/Physician Assistants — 12
Clinical Traineeship — 2

Specialist Recognition — In 1991, 67 names were added to the list of Specialists in the following categories:

Anaesthesia —4
Cardiology — 2
Cardiovascular & Thoracic Surgery — 1
Community Medicine — 1
Diagnostic Radiology — 4
Gastroenterology — 1
General Pathology — 1
General Surgery — 4
Geriatric Medicine — 1
Haematology — 1
Infectious Diseases — 1
Internal Medicine — 13
Nephrology — 2
Neuropathology — 1
Obstetrics & Gynecology — 5
Ophthalmology — 2
Otolaryngology — 5
Paediatrics — 4
Psychiatry — 12
Respiratory Medicine — 1
Urology — 1

The number of specialists on the Specialists Register as of December 31, 1991 was as follows — 848 physicians in total — 60 physicians having received certification in more than one specialty.

My sincere thanks goes to the members of our office staff who worked so diligently through the year, namely, Mrs. Veronica Livingstone, Mrs. Susan Williams, Mrs. Diane MacKenzie and Ms. Michelle Uwins. During the year the staff members were called upon to put in many extra hours of work to meet the increasing demands.

All of which is respectfully submitted.

Report of the Finance Committee

B.J. STEELE, M.D., FRCSC

Six (6) meetings of the Finance Committee of the Provincial Medical Board were held during the 1991 year. Many of the meetings held were in relationship to the proposed expenditures for our new offices on Morris Street. Many problems occurred during the year with respect to the building with long delays due to City Hall regulations, but, toward the end of the year, most of these problems seemed to have been solved and work is progressing satisfactorily on the property. A decision was made during the year to increase the size of the extension of the building by eleven (11) feet in order to provide adequate space for a Board Room and other requirements.

During the year the Finance Committee recommended an increase in the Annual Licensing Fee from $230.00 to $250.00 which was subsequently approved by the Full Board.

A decision was made that the Board should proceed with obtaining a mortgage on the property at Morris Street so that the costs will be spread over a number of years. This was to be delayed until such time as interest rates would be more acceptable.

During the year the Finance Committee recommended the negotiations which resulted in the hiring of Dr. George C. Jollymore to the post of Deputy Registrar on a half time basis.

Liability Insurance coverage for Board Members was increased during the year.

The Finance Committee recommended the maintenance of the Annual Grants made to the Division of Continuing Medical Education – Dalhousie University; Medical Archives; and the MacDougall Library.

All of which is respectfully submitted.

Auditor's Report

To the President and Members of
the Provincial Medical Board
of Nova Scotia

We have audited the balance sheet of the Provincial Medical Board of Nova Scotia as at December 31, 1991, and the statements of revenue, expenses and surplus and changes in financial position for the year then ended. These financial statements are the responsibility of the Board's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Board as at December 31, 1991 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles.

Doane Raymond
Chartered Accountants

Halifax, Nova Scotia
January 20, 1992

Provincial Medical Board of Nova Scotia
Balance Sheet
December 31, 1991

	1991	1990
Assets		
Current		
Cash	$ 334,398	$ 332,901
Receivables	2,513	9,790
Prepaid expenses	12,832	10,695
	349,743	353,386
Investments, at cost (market value $10,000; 1990 $220,280)	10,000	221,644
Land, building and equipment (Note 2)	721,830	508,529
	$ 1,081,573	$ 1,083,559
Liabilities		
Current		
Payables and accruals	$ 44,272	$ 20,051
Prepaid fees	357,410	358,847
	401,682	378,898
Surplus	679,891	704,661
	$ 1,081,573	$ 1,083,559

Provincial Medical Board of Nova Scotia
Statement of Revenue, Expenses and Surplus
Year Ended December 31, 1991

	1991	1990
Revenue		
Annual licensing fees	$ 563,443	$ 526,717
Registration fees	24,092	25,135
Temporary fees	11,742	12,029
Specialists fees	3,100	4,160
Enabling certificates	20	1,475
Investment income	29,631	89,671
Miscellaneous income	19,975	17,680
	652,003	676,867
Expenses		
Advertising	1,430	
Board honorariums and expenses	120,420	108,718
Business occupancy taxes	5,016	3,244
Depreciation	38,990	24,559
F.P.M.L.A.C.	8,160	6,003
Grants (Note 3)	20,613	22,000
Hearings (Note 4)	33,778	58,198
Insurance	3,579	1,336
Memberships	635	
Office	40,318	39,070
Peer review	4,750	
Postage	22,512	14,199
Printing	29,916	30,303
Professional	19,660	7,747
Rent	20,929	19,560
Salaries	270,638	231,502
Sundry	7,184	12,426
Travel	10,127	9,949
Utilities	18,118	9,592
	676,773	598,406
Excess of Revenue over Expenses (Expenses over Revenue)	$ (24,770)	$ 78,461
Surplus, beginning of year	**$ 704,661**	**$ 626,200**
Excess of Revenue over Expenses (Expenses over Revenue)	**(24,770)**	**78,461**
Surplus, end of year	**$ 679,891**	**$ 704,661**

Provincial Medical Board of Nova Scotia
Statement of Changes in Financial Position
Year Ended December 31, 1991

	1991	1990
Cash provided from (used for)		
Operations		
Excess of revenue over expenses (expenses over revenue)	$ (24,770)	$ 78,461
Depreciation	38,990	24,559
	14,220	103,020
Changes in		
Receivables	7,277	(9,790)
Prepaid expenses	(2,137)	(3,114)
Payables and accruals	22,221	18,001
Prepaid fees	(1,437)	130,618
	42,144	238,735
Investing		
Purchase of		
Land and building	(223,571)	(490,927)
Office equipment	(28,720)	(42,161)
Sale of		
Investments	211,644	306,963
	(40,647)	(226,125)
Cash provided	1,497	12,610
Cash		
Beginning of year	332,901	320,291
End of year	$ 334,398	$ 332,901

Provincial Medical Board of Nova Scotia
Notes to Financial Statements
December 31, 1991

1. Accounting policies

Fixed assets
Depreciation is recorded on the diminishing balance method at the rates indicated in Note 3.

Hearing recoveries
Hearing recoveries are recorded as revenue when received. At December 31, 1991, there were outstanding hearing recovery claims of approximately $100,000.

2. Land, building and equipment

	Rate	Cost	Accumulated Depreciation	1991 Net Book Value	1990 Net Book Value
Land		$ 168,390	$	$ 168,390	$ 168,390
Building	5%	546,108	42,627	503,481	306,410
Office Equipment	20%	70,881	20,922	49,959	33,729
		$ 785,379	$ 63,549	$ 721,830	$ 508,529

3. Grants

	1991	1990
Continuing Medical Education	$ 15,000	$ 15,000
John Stewart Memorial Lecture	(187)	1,200
MacDougall Library	500	500
Medical Archives	5,300	5,300
	$ 20,613	$ 22,000

4. Hearings

	1991	1990
Expenses	$ 33,778	$ 69,652
Recoveries	—	(11,454)
	$ 33,778	$ 58,198

5. Commitments

The Board is committed to an annual pension of $31,500 to the retired registrar, for the duration of his life. Should he predecease his wife, she will receive two-thirds of the amount of the annual pension for the duration of her life.

The Board has entered into a construction contract for renovations of the Morris Street property. An additional $83,558 in construction costs are yet to be incurred under this contract.

Report of the Committee on Complaints

B.J. STEELE, M.D., FRCSC

The Complaints Committee of the Provincial Medical Board met five (5) times during 1991. A number of the complaints were settled by the Complaints Committee, but, sixty-seven (67) were referred to the Discipline Committee without recommendations. As in other years, a number of letters were received from the Bureau of Dangerous Drugs outlining what was regarded as aberrant prescribing practices by some physicians.

The continuing problem of inadequate and poor communication between physician and patient was evident in a number of the letters of complaint. At the end of the year one (1) complaint was considered as ongoing.

Numerous complaints are received on a weekly basis by telephone and are discussed with the Registrar. In addition, a number of people come to the office to discuss questions regarding interactions with doctors. Some of the personal interviews are followed up with a formal letter of complaint, but, many of them are settled without going through the formal complaint process.

The question of transfer of patient records continues to be a problem and, in many cases, this is handled by a phone call from the Registrar to the doctor concerned so that the patients' records are made available to a new physician.

The total number of complaints brought to the Committee was one hundred twenty-five (125) during the year.

All of which is respectfully submitted.

Report of the Committee on Discipline

B.J. STEELE, M.D., FRCSC

There were fifteen (15) meetings of the Discipline Committee held during the year 1991. Included in this total are the two Sub-Committees of the Discipline Committee — Discipline "A" and Discipline "B" which met on five (5) separate occasions each during the year.

During the year there were three (3) Formal Hearings held.

As in previous years, the problems associated with inadequate communications between the physician and patient was identified as being a major problem.

To illustrate the spectrum of problems which come to the Discipline Committee, an outline of some of the cases follows:

1. Dr. _____ appeared before the Committee in response to a complaint of inadequate obstetrical care. Outside opinions were obtained from an Obstetrician as well as a Perinatologist. Following a review of the data provided in the opinions of the outside consultants, the complaint was felt not to have any validity. Although there were complications in the newborn baby, there was no evidence to indicate that these complications occurred as a result of negligence or improper care.

   However, it was noted that confusion arose with the mother receiving conflicting opinions from members of the hospital staff. The Board will be meeting with Hospital Administration in an effort to draw these matters to the attention of the appropriate personnel.

2. Dr. _____ was the subject of a complaint based upon the failure to make proper diagnosis. The physician was interviewed by the Committee and he described what he had done to evaluate the patient's complaints and it was the opinion of the Committee that he did all of the appropriate investigations but the diagnosis was not made at that time. The correct diagnosis was made several days later when the physical condition had changed. The Committee did not feel that there was any basis to suggest incompetence on the part of the physician.

3. Dr. _____ was the subject of a complaint about prescrib-

ing by telephone without seeing a patient. Following an investigation into the allegations, the physician received a reprimand for prescribing via the telephone without having seen the patient. An incidental observation was made that the office records were not up to adequate standards.

4. Dr. _____ was interviewed by the Discipline Committee in regard to a complaint made by the family of a deceased member. The recommendation from the Committee was that the physician be required to proceed with an assessment at McMaster University.

5. Dr. _____ was alleged to have inappropriately applied a plaster cast. Following an investigation of the matter, it was the decision of the Board that there was no evidence of professional misconduct or negligence, although there was evidence that an injury had occurred.

6. Dr. _____ was accused of having made a surgical incision on the wrong side of a patient's body. As a result of this complaint, the Board sent a letter to all hospitals in the province requesting that the correct side for surgery be identified in the pre-operative period and preferably before the patient comes to the operating theatre.

7. Dr. _____ was interviewed by the Committee in regard to a complaint about interpretation of a pap smear. As a result of this complaint, correspondence was held with the Department of Pathology at the hospital concerned. It is hoped that in future that the reports will be more specific so that the referring doctor will understand the interpretation by the Pathologist in a more complete manner.

8. Dr. _____ was interviewed by the Committee because of the fact that there was a prolonged length of time before the physician forwarded the necessary medical report to the patient. The physician received a reprimand from the Board for failure to carry out his responsibilities in responding to a request for patient information.

9. Dr. _____ and Dr. _____ were both interviewed by the Committee in regard to complaints that their medical care was not of an adequate standard. Both of these physicians will be subjected to an on-site Peer Review Process.

10. Dr. _____ was found to be abusing a narcotic and was required to surrender his narcotic prescribing privileges for a period of one (1) year. The physician was also required to enter a monitoring and recovery program.

11. Dr. _____ was accused of failing to provide sufficient information for a patient to make an appropriate consent decision. As a result of this complaint, letters were sent to the hospital concerned recommending that steps should be instituted to ensure that appropriate information is available prior to requesting the patient to give consent for procedures.

12. Dr. _____ was suspended from hospital staff because of an incident in the operating room. As a result of this, the physician received a reprimand and has been placed on probation for one (1) year. Reports are required from the Head of the Department every four (4) months.

13. Dr. _____ was accused of failing to give appropriate care to a patient admitted to the hospital as an emergency. As a result of this complaint, the Board communicated with the hospital concerned and indicated that there appears to be problems in their system of handling patients on weekends. There was also perceived a lack of continuity of care and delay in obtaining investigative procedures. This is the subject of an on-going dialogue with the hospital concerned.

14. Dr. _____ was accused of making a misdiagnosis because of a lack of examination. The Committee was of the opinion that there was a communication problem between the patient and the physicians and the physician failed to make arrangements for a return visit to clarify the symptomatology.

15. Dr. _____ was accused of being inappropriately questioned by a physician in regard to a venereal disease. The Committee was of the opinion that there was poor communication between the physician and the doctor and the care given was appropriate.

    There was an allegation made that the standards of care on the teaching unit differed from those on the private side of the institution. A number of staff people, as well as hospital administration members, were interviewed by the Committee in regard to this allegation.

16. Dr. _____ was required to undergo an assessment at McMaster University and as a result of this evaluation, a recommendation was made that a one (1) month clinical traineeship was required.

17. Dr. _____ was also required to undergo an assessment at McMaster University and several deficient areas were found in the course of the evaluation. The physician was instructed by the Board to enter into a course of training to address the areas of deficiency which had been identified.

18. Dr. _____ was interviewed in regard to the prescribing of narcotics. Voluntary surrender of prescribing rights for narcotics was made and the physician was directed to the Committee on Drug Dependency for a remedial training program.

19. Dr. _____ was interviewed by the Board because of allegations of improper treatment of fractures. The Provincial Medical Board instructed the physician to refrain from practising orthopaedics until further investigations will have been completed.

20. Dr. _____ appeared before the Committee on the basis of allegations of self-prescribing. The physician was interviewed and it was explained that when refills were not ordered the physician contacted the pharmacy in order to obtain the drugs which were necessary for medical care. The physician was instructed that it is risky and improper for physicians to self-prescribe.

21. Dr. _____ appeared before the Committee on the basis of allegations that the patient woke up during his surgical procedure for a brief period.

    The physician was interviewed and indicated that there had been a defect in the anaesthetic machine which caused the malfunction. The physician admitted that an adequate check was not done on the machine prior to the induction of anaesthesia. The physician gave an appropriate apology to the patient.

22. Dr. _____ was accused by a patient for releasing information to an employer which he considered to be inappropriate.

The Committee reviewed the evidence which showed that the patient had signed a release form allowing the physician to send all medical evidence to the prospective employer. It was the opinion of the Committee that there was no breach of confidentiality by the physician in view of the fact that the release form was appropriately signed.

These are some of the complaints dealt with by the Discipline Committee of the Provincial Medical Board in the past year. There were many other complaints but these are representative of the total. A number of complaints are ongoing and will be followed up in 1992.

During 1991, four (4) physicians were the subject of Formal Hearings. Two (2) physicians were found guilty of professional misconduct and one was exonerated. One (1) case has not been concluded.

All of which is respectfully submitted.

Report of the Committee on Credentials

B.J. STEELE, M.D., FRCSC

The following is the Report of the Credentials Committee of the Provincial Medical Board of Nova Scotia for the year ending December 31, 1991.

Meetings

There were five (5) meetings of the Credentials Committee, with some credentialling being considered at the Board level.

Applications for registration are generally referred to the Committee when there is a question of full compliance with regulations.

Applications considered at meetings of the Committee and the Board are as follows:

1. **Full Registration**

   Applications considered — 7
   - Granted — 4
   - Rejected — 3
   - Deferred — 0

2. **Temporary Registration — Section 15 (3)**
   General Practice

   Applications considered — 44
   - Granted — 22
   - Rejected — 21
   - Deferred — 1

   Temporary licenses issued under Section 15 (3) of the Medical Act of Nova Scotia are granted for period NOT to exceed three (3) years.

3. **Temporary Registration — Section 15 (3)**
Family Medicine Residents

Applications considered — 19
Granted — 19
Rejected — 0
Deferred — 0

4. **Temporary Registration — Section 15 (2)(c)**
Clinical Assistants
Fellows
Interne Electives
Observership

Applications considered — 5
Granted — 3
Rejected — 1
Deferred — 1

A number of miscellaneous items were also considered, i.e.

- upcoming prelicensure requirements of the Provincial Medical Board;
- concerns re current shortage of health professionals in certain areas around Nova Scotia;
- problems which continue to arise for Fellows who do not have the MCCEE prior to coming to Nova Scotia;
- Resident moonlighting;
- elimination of Temporary Registration for Clinical Assistants.

The number of physicians fully licensed and resident in Nova Scotia as of December 31, 1991 is 1898.

All of which is respectively submitted.

Report of the Committee on Legislation

B.J. STEELE, M.D., FRCSC

There were five (5) meetings of the Legislation Committee held in 1991.

The Committee considered a number of proposals for changes in the Medical Act at different meetings during the year. Suggested changes to the Medical Act have been prepared and will be placed before the Legislative Counsel of the Department of Health for consideration.

Due to the fact that a Peer Review Process in conjunction with other Atlantic jurisdictions has been under consideration, it will be necessary to have legislative changes in the Medical Act to allow the Provincial Medical Board to proceed with this initiative.

The Legislation Committee considered the possibility of having a Medical Act which would be uniform with the other Maritime Provinces. This was recommended to the Board and subsequently received approval. Our legal counsel have been instructed to initiate the process of making the changes necessary in the legislation.

The Committee also reviewed a letter from the Premier of Nova Scotia requesting that attempts be made to remove barriers which restrict or limit the mobility of goods and services and people across provincial borders.

The Committee reviewed the recommendations of the Ontario Task Force on Sexual Abuse and made recommendations to the Board in regard to a number of the recommendations.

The Committee reviewed the status of "Retired Physicians" and recommended to the Board that the Retired List be abolished, effective January 1, 1992.

The question of licensing of Clinical Assistants was addressed by the Legislation Committee and the recommendation was that Clinical Assistants be no longer licensed unless they have eligibility for full licensure in the province. This is to become effective January 1, 1993.

During the year, the Legislation Committee also did a review of the Disciplinary Procedure Rules and changes were recommended to be forwarded to our solicitor for perusal prior to presenting them to the Board for ratification.

All of which is respectfully submitted.

Report of the Committee on Education

B.J. STEELE, M.D., FRCSC

There were four (4) meetings of the Education Committee of the Provincial Medical Board held in 1991.

Much time was spent by the Committee addressing problems associated with the change in the format of the Medical Council of Canada Qualifying Examination and the potential two year post M.D. program.

It was recommended by the Committee and subsequently ratified by the Board that the members of the graduating class of 1992 would be eligible for temporary registration upon completion of the Part I of the examination of the Medical Council of Canada. Full registration would be possible when Part II of the examination would have been successfully completed.

Because of logistical and financial problems in providing extra funded positions in the Family Medicine Program, a delay of one (1) year was recommended before implementation of the two year mandatory program which was originally scheduled for 1991.

The Federation of Licensing Authorities of Canada conducted an Accreditation Survey of Dalhousie University in the early part of the year. The report was reviewed by the Education Committee and a number of recommendations in the report were discussed at the Committee level.

It was recommended by the Committee that the Board do an evaluation of the observed deficiencies which were noted in the report in twelve (12) months time.

The Education Committee addressed some of the recommendations which were made in the Ontario Task Force on the Sexual Abuse of Patients and made recommendations to the Board's Task Force.

The Committee addressed the question of Competence/Peer Review. It was noted that there have been a number of meetings of representatives from the other licensing authorities of the Atlantic Provinces as well as the Medical Associations in regard to setting up a Peer Review Process.

All of which is respectfully submitted.

Board Member Retired

Dr. Vonda M. Hayes is a native of New Brunswick and received her Medical Degree from Dalhousie University in 1971.

Dr. Hayes commenced a family medicine practice in Amherst and subsequently accepted a position with the Dalhousie Family Medicine Group in 1988.

Dr. Hayes was President of the Provincial Medical Board for a one (1) year term and served on most committees of the Board during her time as a member. She served as Chairperson on the Executive of the Medical Society of Nova Scotia and has acted on many of the committees of the Medical Society.

Dr. Hayes was a very active member of the Board and a debt of gratitude is owed her for the many extra hours she worked in the interest of the Board. This was especially true during a period when the Registrar was off work due to illness and she assumed many of the duties of the Registrar during this period of time in 1990.

The Provincial Medical Board is deeply indebted to Dr. Hayes for her contribution to the activities of the Board.

Board Member Retired

Dr. Edward V. Rafuse served as a member of the Provincial Medical Board from January 1, 1986 to December 31, 1991.

Dr. Rafuse is a native of Nova Scotia and graduated from Dalhousie University in 1961. Subsequently, Dr. Rafuse did postgraduate training in Internal Medicine and Ophthalmology. He was certified as a Specialist in Ophthalmology by the Royal College of Physicians & Surgeons of Canada in 1968. He has carried on a practice of Ophthalmology in the City of Halifax since that time.

Additionally, Dr. Rafuse has been active in Medical Society affairs and was President of the Medical Society of Nova Scotia. He was a member of the Board of Directors of the Canadian Medical Association and was Chairman of the Board of Directors of the Canadian Medical Association. Currently, he serves as a Nova Scotia member on the MD Management Group.

Dr. Rafuse was a valuable asset to the Provincial Medical Board of Nova Scotia and gave much of his time and talents to various committees of the Board during his time as a member. The Board is grateful to Dr. Rafuse for the many extra hours that he devoted to its functions.

TABLE SHOWING NUMBER OF PHYSICIANS RESIDENT AND REGISTERED IN NOVA SCOTIA WITH LOCATION OF SCHOOL OF GRADUATION OR COUNTRY IN WHICH QUALIFICATIONS RECEIVED AS OF DECEMBER 31st, 1991

DOCTORS ON RESIDENT LIST IN NOVA SCOTIA

Graduates	Dalhousie Graduates	Graduates of other Canadian Schools	U.S. Graduates	U.K. Graduates	All Others	Total
Previously Registered (Dec. 31/90)	1110	362	32	262	236	2002
Registered (as of 1991)	54	54	1	10	19	138
Reactivated/ Reinstated (as of Dec 31/91)	8	3	1	2	2	16
Moved to Nova Scotia (transferred from Non-Resident) (as of Dec. 31/91)	13	12	—	4	1	30
	75	69	2	16	22	184
Removed or left Nova Scotia (as of Dec. 31/91)	125	72	6	41	29	273
Died (As of Dec. 31/91)	11	1	—	2	1	15
	136	73	6	43	30	288
TOTAL	1049	358	28	235	228	1898

P.S. Net figure includes 90 "Postgraduate Residents" in training who have full registration. Net figure does not include 35 physicians holding a restricted registration under Section 15 (3) of the Medical Act of Nova Scotia.

Specialist Register

The number of specialists on the specialist Register as of December 31, 1991 was as follows – 848 Physicians in total – 60 Physicians having received certification in more than one specialty.

Anaesthesia	77
Anatomical Pathology	13
Cardiology	18
Cardiovascular & Thoracic Surgery	7
Community Medicine	2
Dermatology	13
Diagnostic & Therapeutic Radiology	2
Diagnostic Radiology	76
Emergency Medicine	5
Endocrinology & Metabolism	1
Gastroenterology	7
General Pathology	18
General Surgery	96
Geriatric Medicine	2
Haematological Pathology	2
Haematology	1
Human Genetics (Paediatric)	1
Infectious Diseases	4
Internal Medicine	145
Medical Biochemistry	4
Medical Microbiology	4
Medical Oncology	1
Nephrology	3
Neurology	17
Neuropathology	1
Neurosurgery	6
Nuclear Medicine	4
Obstetrics & Gynecology	49
Ophthalmology	39
Ophthalmology and Otolaryngology	2
Orthopedic Surgery	23
Otolaryngology	24
Paediatrics	69
Physical Medicine and Rehabilitation	11
Plastic Surgery	7
Psychiatry	109
Radiation Oncology	7
Respiratory Medicine	5
Thoracic Surgery	7
Urology	22
Vascular Surgery	6
Total	910

TABLE SHOWING NUMBER OF PHYSICIANS AND LOCATION OF SCHOOL OF GRADUATION OR COUNTRY IN WHICH QUALIFICATIONS RECEIVED ON RESIDENT LIST OF THE MEDICAL REGISTER OF NOVA SCOTIA 1982–1991 (INCLUSIVE) (as at end of Registration Year)

Year	Dalhousie Graduates	Other Canadian Schools	U.S. Graduates	U.K. Graduates	All Others	Total
1982	878	247	20	234	180	1559
1983	904	258	21	235	186	1604
1984	926	267	22	229	193	1637
1985	964	272	24	222	189	1671
1986	990	291	28	234	204	1747
1987	1015	302	25	245	212	1799
1988	1062	329	29	252	225	1897
1989	1095	341	31	264	220	1951
1990	1110	362	32	262	236	2002
1991	1049	358	28	235	228	1898

Important Notice to all Physicians Provincial Medical Board Fees

It would be appreciated if all physicians would remit the Annual Licensing Fee due the Provincial Medical Board before the expiry date. The Annual Licensing Fee levied by the Provincial Medical Board in accordance with Section 25 and 26 of the Medical Act of Nova Scotia **is due and payable to the Board on or before January 1st of each year.** If after receiving two notices of payment due, the physician has not paid the Annual Fee before the last day of February, he/she ceases to be in good standing and the license to practice stands suspended.

Each year, in spite of several notices and sometimes a follow-up with telephone calls to physicians who have been deliquent at the expiry date, the required fee is not forthcoming and a suspension notice is unavoidable. **The Board has decided that the Sections of the Medical Act pertaining to payment of fees shall be strictly enforced.**

It is the responsibility of the registered physician to notify, officially, the Board, of a change in their mailing address. The Provincial Medical Board will not accept responsibility for failure on the part of the physician to notify properly the Board **in writing** of any changes in status of mailing address. The onus rests with the physician to ensure that proper notification has been made to the Provincial Medical Board.

Copies of the Sections of the Medical Act dealing with the Annual Licensing Fees are published for information and guidance.

Annual Licensing Fee

25 (1) Every duly qualified medical practitioner shall pay to the Registrar or to such other person as he nominates an annual licensing fee as is determined by the Board.

Due Date and Notice of Fee

25 (2) The annual licensing fee is payable on or before the first day of January in the year for which the same is imposed.

Notice

25 (3) Not later than the fifteenth day of December in each year the Registrar shall send notice to each member of the amount and due date of the annual fee for the succeeding year and the notice shall include a copy of this Section.

Notice of Overdue Fee

25 (4) If a member has not paid his annual fee on or before the first day of February in any year the Registrar shall forthwith send to the member a further notice in the same form by registered post.

Certificate Upon Payment

25 (5) Every member shall, upon payment of the annual fee, obtain a certificate under the seal of the Board and the signature of the Registrar or a facsimile of the seal and the signature that he is a duly qualified medical practitioner.

Special Fees

25 (6) The annual fee shall be paid by every qualified medical practitioner whether he is resident in the Province or not, provided that the Board may fix special fees for non-practising and non-resident members. 1969, c. 15, s. 24.

Failure to pay fee

26 (1) A member who fails to pay his annual fee on or before the last day of February ceases to be in good standing and *ipso facto* thereupon stands suspended as a qualified medical practitioner until

(a) he pays all annual fees in arrears;

(b) he pays a penalty of ten dollars; and

(c) he, if required, passes whatever examination the Board may prescribe,

and notwithstanding the foregoing, the Registrar may, subject to appeal to the Board, refuse to remove the suspension against the name of any person who he believes has been guilty of conduct for which, had he not been under suspension, his registration could have been erased or for which he could have been suspended as a qualified medical practitioner.

Notice of Suspension

26 (2) The Registrar shall forthwith notify in writing any person who has been suspended as a qualified medical practitioner under this Section.

Fee is Debt

26 (3) The annual fee is a debt due by the member to the Board. 1969, c. 15, s. 25.

Membership Dues

27 (1) Every duly qualified medical practitioner shall pay to the Society, or to such person as the Society may nominate, the annual membership dues of the Society or an equivalent amount within one month of the time of registration under this Act and on or before the first day of October in each year thereafter.

Duty to Report Suspected Child Abuse

In all provinces and territories of Canada there exists legislation which requires a physician to report suspected child abuse to the proper authorities. Even though these laws have been in place for several years, many physicians are still unaware that they have a statutory obligation to report suspected child abuse and that a failure to report may lead to successful proceedings against the physician in the three arenas of College/Medical Board/Discipline Committee, Civil action and/or criminal charges. The law also protects the physician who reports suspected child abuse by including a statement that a physician who reports a suspicion of abuse will be held blameless for having abided by his/her statutory obligation to report.

An 18-month-old male was brought by the mother to the family physician for bruising in the groin area. An examination was undertaken by the family physician who made a diagnosis of injuries secondary to a fall from a riding toy. Over the next few days the bruising was noted to spread and the pain became more intense. The mother therefore attended to the emergency room where he was examined by another physician. That physician noted a laceration of the penis with extensive bruising. The nurses attending on the child in the emergency room department suggested to the physician that the child be referred to the pediatrician as they suspected child abuse. The physician in the emergency department dismissed these ideas. The child was therefore sent home and returned the next day to the family physician. The child was referred by the family physician to a general surgeon who examined him and sent him home. Later that evening the child was brought back to the emergency room and admitted by the surgeon. At the same time the nurses discussed their concerns regarding abuse with the physician. The family physician felt there was insufficient evidence to report this to the Children's Aid Society (CAS). However, the next day the nurses informed the CAS of their suspicions. The child recovered from his injuries. It was subsequently determined that he had been injured repeatedly by an uncle.

Criminal charges were brought against the family physician and the physician in the emergency room department for contravening the law as they failed to report a suspicion of child abuse to the Children's Aid Society. The matter was tried in the Provincial Court. The physicians were found guilty and fined $400.00. An appeal was undertaken; however, the original convictions were upheld.

The matter was then brought before the Discipline Committee of the College. The Discipline Committee found the physicians guilty of professional misconduct in that they failed to report to the Children's Aid Society the suspicion of child abuse. The penalty issued by the Committee was a

reprimand to each physician. The reprimand was recorded on the register, and they received a one month's suspension of their licence.

This case emphasizes some important points regarding the physicians's duty to report suspected child abuse.

1. A physician has a duty to report any suspicion of child abuse and must have an appropriate index of suspicion when examining children.
2. The reporting is not discretionary, and the physician must report all suspicions of child abuse.
3. The attending physician cannot and should not delegate to others his duty to report, i.e. the specialist should not expect the family physician to do the reporting or vice versa.
4. Successful proceedings against two physicians occurred both in criminal court and the Discipline Committee of the College.

In summary, all physicians in Canada must realize that they have a statutory obligation to report all suspicions of child abuse to the proper authorities. The law holds blameless any physician who fulfils the reporting obligation. A.R.E. Eix, M.D.

– *Canadian Medical Protective Association*

Doing the Right Thing

"Doing the Right Thing" was written by Dr. J.E. Mullens and published by the Canadian Medical Protective Association.

Each year the Association is notified about legal actions brought against our members because of operations that were performed on the wrong patient, the wrong side, or the wrong organ. Such cases are difficult to defend. When any case is indefensible on its merits then our chief role is to arrange the best settlement we can with the patient, but there is little we can do to restore the self-esteem or the reputation of the doctor, and the well-being of the patient.

In studying the files to determine how these errors occurred, Dr. Mullens arrived at a set of principles that might prevent such misadventures. He set them out here for your consideration:

1. Know your patient well. Take time in your office, clinic or hospital to appreciate the patient first as a person and then as a surgical problem, in that order.

2. Be compulsively exact in recording the correct side in your notes, on the consent form and in the operating room scheduling – and demand that your house staff and office staff be equally punctilious.

3. Where radiographs are germane to the identification of the patient and his disease, insist that they be present in the operating room for review before the operative preparation and draping.

4. Speak to the patient before he is taken into the operating theatre and assure yourself that you know the patient and his problem. Do not rely on the listed operative schedule. This scheduling has probably been through several hands in its preparation, each transcription being subject to human error.

5. Pre-operatively mark the appropriate side with indelible ink.

6. Although you may feel confident that either the circulating nurse or the anaesthetist are certain to protect you from an error, the responsibility is yours.

7. There should be a system in your operating room where the circulating nurse, and the anaesthetist invariably speak to the patient, check the chart, the wrist band, and the O.R. schedule before proceeding.

8. Be particularly wary when there is a series of procedures booked consecutively e.g. a number of arthroscopies, or several vasectomies.

9. Keep levity and distractions to a minimum in the operating room at the time of identification, induction, preparation and draping. The atmosphere need not be tense, but it should be serious.

10. All the foregoing are particularly important if there has been a time change, or a theatre change from the original booking.

11. Anaesthetists should not begin the induction, nor should the preparation and draping of the patient begin before you arrive to verify the appropriate details.

12. Finally, remember that first-rate surgeons, in first-rate hospitals have misidentified their patient or his illness, and it can happen to you if you do not take the utmost care.

If you should be so unfortunate as to perform the wrong operation, you should tell the patient yourself what has happened; do not delegate the task to someone else. Inform the Association immediately, no matter how well the patient receives the news. You should then assist the patient in having the correct procedure performed with a minimum of delay, even if this requires having another surgeon assume the patient's care.

Halcion

This is to advise you of the Health Protection Branch's (HPB) position on the current status of the hypnotic agent, triazolam. Triazolam is available in Canada under the brand names of Halcion, Apo-Triazo, Novo-Triolam, Nu-Triazo and Triazolam.

The Medicines Control Agency of the United Kingdom has revoked the licenses of triazolam containing products. This decision was based on their reassessment of earlier trials and reports of adverse drug reaction in the UK. Following the UK action, the HPB has reviewed the safety aspects of the product. The HPB conducted this review with the advice of six prominent Canadian clinical experts. Based on this review, it was decided to allow the continued use of the product in Canada under restricted conditions.

1. The Product Monograph and labelling will be changed to reflect the following:
   - in accordance with current concepts on the use of hypnotics, triazolam is indicated only for the treatment of transient and short-term insomnia in patients who have difficulty falling asleep. It is not recommended for early morning awakenings;
   - an extended **Contraindication** section;
   - a revised **Warnings** section listing all possible psychiatric adverse reactions;
   - a revised **Dosage and Administration** section recommending a starting dose of 0.125 mg for all subjects, and a maximal dose of 0.25 mg. Duration of dosing should not exceed 14 consecutive days.
2. Triazolam will be available in packages of 7 pills in approximately six months. A "patient package insert", attached to each package, will inform patients of the appropriate use of the drug as well as all potential adverse reactions.

The changes proposed by the HPB are similar to those of the Food and Drug Administration of the United States and of the Committee for Proprietary Medicinal Products of the European Community.

Transfer of Medical Records

One of the commonest complaints received at the office of the Provincial Medical Board is the difficulty patients experience in the transfer of records when changing doctors.

Patients are very mobile and often come under the care of a new family physician and the need, real or apparent, for the new doctor to receive past medical records arises.

Often the difficulty is caused by an inappropriate request for transfer of medical records or a "blanket" request for transfer of all records regardless of the relevancy.

Physicians should make the request, after he/she has assessed the need for previous records, specifying what is required, rather than asking the patient or office staff to procure them.

Often written summaries will suffice, together with copies of significant documents.

When doctors leave a Group Practice there should be a satisfactory arrangement made for transfer of records, and not leave the patient with the responsibility of obtaining them.

In the Advertising Guidelines set out by the Provincial Medical Board there is a guide in regard to "Announcement Upon Closing Practice or Changing Location." It reads as follows:

"It is considered in the best interests of the patient for a physician to advise those under active treatment and seen within the previous six months of a change in office location. It is left to the physician to determine the most appropriate means of communicating this information. Where a physician leaves a clinic or group practice, he would be well advised to obtain the agreement of his partners on the list of patients to be notified."

At times, situations arise between physicians bordering on professional misconduct, all for the lack of meaningful communication and courtesy. Remember, it is usually the patient who is caught in the middle of these arguments.

See November 15, 1985 issue of the Canadian Medical Asssociation Journal for Statement of Policy by C.M.A.